#### Case 17-80512 Doc 1 Filed 03/08/17 Entered 03/08/17 13:58:21 Desc Main Document Page 1 of 49

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1:   | Identify Yourself   |   |   |   |
|-----|---|---|---|---|---|
|     |   |   | About Debtor 1:   |   | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | You   | r full name   |   |   |   |
|     | your<br>pictu<br>exar<br>licer<br>Brin-<br>iden | e the name that is on a government-issued ure identification (for mple, your driver's use or passport).  g your picture tification to your ting with the trustee. | Jeanette First name  E Middle name  Saladino Last name and Suffix (Sr., Jr., II, III) | _ | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | use<br>Inclu                                    | other names you have<br>d in the last 8 years<br>ude your married or<br>den names.  |   |   |   |
| 3.  | you<br>num<br>Indi                              | y the last 4 digits of<br>r Social Security<br>nber or federal<br>vidual Taxpayer<br>tification number  | xxx-xx-5315   |   |   |

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Case number (if known)

Debtor 1 Jeanette E Saladino

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and | I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)   |
|    | doing business as names  | EINs  | EINs   |
| 5. | Where you live   | 2435 Devonshire Dr  | If Debtor 2 lives at a different address:  |
|    |  | Rockford, IL 61107  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |  | Winnebago<br>County   | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.           |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |

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Case number (if known) Debtor 1 Jeanette E Saladino

| 7.                                 | The chapter of the Bankruptcy Code you are  |           |                       |  | of each, see <i>Notice Required</i> page 1 and check the approp                                    | by 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto<br>riate box.   | ;y     |  |  |
|------------------------------------|---|-----------|-----------------------|--|--|--|--------|--|--|
|                                    | choosing to file under  | Chapter 7 |                       |  |  |  |        |  |  |
|                                    |   | ☐ Ch      | napter 11             |  |  |  |        |  |  |
|                                    |   | ☐ Ch      | napter 12             |  |  |  |        |  |  |
|                                    |   | ☐ Ch      | napter 13             |  |  |  |        |  |  |
| 3.                                 | How you will pay the fee  |           | about how yo          | u may pay. Typi<br>attorney is subn                        | ically, if you are paying the fee  | neck with the clerk's office in your local court for more de<br>e yourself, you may pay with cash, cashier's check, or mo<br>behalf, your attorney may pay with a credit card or check         | oney   |  |  |
|                                    |   |           |                       |  |  | ption, sign and attach the Application for Individuals to P  | ay     |  |  |
| but is not required to, waive your |   |           |                       | t my fee be wai<br>uired to, waive y<br>ur family size and | ived (You may request this op<br>your fee, and may do so only in<br>d you are unable to pay the fe | otion only if you are filing for Chapter 7. By law, a judge m<br>f your income is less than 150% of the official poverty line<br>se in installments). If you choose this option, you must fill | e that |  |  |
|                                    |   |           | the <i>Applicatio</i> | n to Have the C  | Chapter 7 Filing Fee Waived (C   | Official Form 103B) and file it with your petition.  |        |  |  |
| Э.                                 | Have you filed for bankruptcy within the  | ■ No      |                       |  |  |  |        |  |  |
|                                    | last 8 years?   | ☐ Ye      |                       |  |  |  |        |  |  |
|                                    |   |           | District              |  | When   | Case number  |        |  |  |
|                                    |   |           | District              |  | When   | Case number  |        |  |  |
|                                    |   |           | District              |  | When   | Case number  |        |  |  |
| 10.                                | Are any bankruptcy cases pending or being   | ■ No      |                       |  |  |  |        |  |  |
|                                    | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye      | S.                    |  |  |  |        |  |  |
|                                    |   |           | Debtor                |  |  | Relationship to you  |        |  |  |
|                                    |   |           | District              | -  | When   | Case number, if known  |        |  |  |
|                                    |   |           | Debtor                |  |  | Relationship to you  |        |  |  |
|                                    |   |           | District              |  | When   | Case number, if known  |        |  |  |
| 11.                                | Do you rent your residence?   | ■ No      | . Go to li            | ne 12.   |  |  |        |  |  |
|                                    | residence:  | ☐ Ye      | s. Has yo             | ur landlord obta   | ined an eviction judgment aga  | ainst you and do you want to stay in your residence?   |        |  |  |
|                                    |   |           |                       | No. Go to line 1   | 12.  |  |        |  |  |
|                                    |   |           |                       | Yes. Fill out <i>Init</i> bankruptcy peti                  |  | on Judgment Against You (Form 101A) and file it with this  | S      |  |  |

Debtor 1 Jeanette E Saladino

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Case number (if known)

| Part | 3: Report About Any Bu  | sinesses               | You Owi  | n as a Sole Proprietor   |  |  |  |  |
|------|---|------------------------|--|--|--|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | Go to  | Part 4.  |  |  |  |  |
|      |   | ☐ Yes.                 | Name   | e and location of business   |  |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | e of business, if any  |  |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb   | ber, Street, City, State & ZIP Code  |  |  |  |  |
|      | it to this petition.  |                        | Chec   | k the appropriate box to describe your business:   |  |  |  |  |
|      |   |                        |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |  |  |
|      |   |                        |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |  |  |  |  |
|      |   |                        |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |  |  |  |
|      |   |                        |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))  |  |  |  |  |
|      |   |                        |  | None of the above  |  |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). |  |  |  |  |  |
|      | For a definition of small   | No.                    | ram  | not filing under Chapter 11.   |  |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am t<br>Code   | filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |  |
|      |   | ☐ Yes.                 | I am   | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
| art  | 4: Report if You Own or   | Have Any               | Hazardo  | ous Property or Any Property That Needs Immediate Attention  |  |  |  |  |
| 4.   | Do you own or have any  | ■ No.                  |  |  |  |  |  |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.                 | What is  | the hazard?  |  |  |  |  |
|      | public health or safety? Or do you own any property that needs immediate attention?   |                        |  | diate attention is<br>, why is it needed?  |  |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where i  | s the property?  |  |  |  |  |
|      | - ·   |                        |  | Number, Street, City, State & Zip Code   |  |  |  |  |

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Debtor 1 Jeanette E Saladino

te E Saladino Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 <b>Jeanette E Saladi</b>   | no   | Document   | Case numb  | Der (if known)   |  |  |  |
|------|--|--|--|--|--|--|--|--|
| Pari | 6: Answer These Quest  | ions for Rei   | porting Purposes   |  |  |  |  |  |
| 16.  | What kind of debts do you have?  |  |  | sumer debts? Consumer debts are deal, family, or household purpose."   | efined in 11 U.S.C. § 101(8) as "incurred by an                                  |  |  |  |
|      |  | ı  | ☐ No. Go to line 16b.  |  |  |  |  |  |
|      |  | I  | Yes. Go to line 17.  |  |  |  |  |  |
|      |  |  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |  |  |  |  |  |
|      |  | I  | ☐ No. Go to line 16c.  |  |  |  |  |  |
|      |  | I  | ☐ Yes. Go to line 17.  |  |  |  |  |  |
|      |  | 16c. S   | State the type of debts you owe  | that are not consumer debts or busine  | ess debts  |  |  |  |
| 17.  | Are you filing under Chapter 7?  | □ No. I  | am not filing under Chapter 7.   | Go to line 18.   |  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and   | <b>—</b> 163.  | are paid that funds will be availa   | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative experted that funds will be available to distribute to unsecured creditors? |  |  |  |  |
|      | administrative expenses are paid that funds will be available for distribution to unsecured creditors? |  | No   |  |  |  |  |  |
|      |  | 1  | □Yes   |  |  |  |  |  |
| 18.  | How many Creditors do  | <b>1</b> -49   |  | <b>1</b> ,000-5,000  | <b>2</b> 5,001-50,000  |  |  |  |
|      | you estimate that you owe?   | □ 50-99  |  | ☐ 5001-10,000  | ☐ 50,001-100,000   |  |  |  |
|      |  | ☐ 100-199<br>☐ 200-999   |  | □ 10,001-25,000  | ☐ More than100,000   |  |  |  |
| 19.  | How much do you  | <b>□</b> \$0 - \$50  | 0,000  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion  |  |  |  |
|      | estimate your assets to be worth?  | ■ \$50,001 - \$100,000<br>□ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |  | □ \$10,000,001 - \$50 million  | \$1,000,000,001 - \$10 billion   |  |  |  |
|      |  |  |  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million  | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                        |  |  |  |
|      | Harris and the second  |  |  |  | <b>—</b>   |  |  |  |
| 20.  | How much do you estimate your liabilities  | □ \$0 - \$50<br>■ \$50.00  | ·  | ☐ \$1,000,001 - \$10 million<br>☐ \$10,000,001 - \$50 million  | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion                   |  |  |  |
|      | to be?   | ■ \$50,001 - \$100,000<br>□ \$100,001 - \$500,000  |  | □ \$50,000,001 - \$100 million   | □ \$10,000,000,001 - \$50 billion  |  |  |  |
|      |  | □ \$500,001 - \$1 million  |  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion   |  |  |  |
| Part | 7: Sign Below  |  |  |  |  |  |  |  |
| For  | you  | I have exa   | mined this petition, and I declar  | e under penalty of perjury that the info   | rmation provided is true and correct.  |  |  |  |
|      |  |  |  | am aware that I may proceed, if eligibl<br>of available under each chapter, and I  | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. |  |  |  |
|      |  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |  |  |  |  |  |
|      |  | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |  |  |  |  |
|      |  | bankruptcy<br>and 3571.  |  |  |  |  |  |  |
|      |  |  | tte E Saladino E Saladino f Debtor 1   | Signature of Deb   | tor 2  |  |  |  |
|      |  | Executed of  | on March 8, 2017   | Executed on  |  |  |  |  |
|      |  |  | MM / DD / YYYY   | M  | M / DD / YYYY  |  |  |  |

Debtor 1 Jeanette E Saladino

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Karl C. Koonmen                    | Date          | March 8, 2017  |  |  |  |  |
|--|---------------|----------------|--|--|--|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY |  |  |  |  |
| Karl C. Koonmen                        |               |                |  |  |  |  |
| Loves Park Legal Clinic                |               |                |  |  |  |  |
| The Professional Building              |               |                |  |  |  |  |
| 535 Loves Park Drive                   |               |                |  |  |  |  |
| Loves Park, IL 61111                   |               |                |  |  |  |  |
| Number, Street, City, State & ZIP Code |               |                |  |  |  |  |
| Contact phone <b>815-654-3060</b>      | Email address |                |  |  |  |  |
| Bar number & State                     |               | <u></u>        |  |  |  |  |

|                        |                          | Docume            | ent Page 8 of 49 |  |
|------------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor     | mation to identify your  | case:             |                  |  |
| Debtor 1               | Jeanette E Saladi        | no                |                  |  |
|                        | First Name               | Middle Name       | Last Name        |  |
| Debtor 2               |                          |                   |                  |  |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |  |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number (if known) |                          |                   |                  |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|    |   | Your as<br>Value o | ssets<br>f what you own |
|----|---|--------------------|-------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 80,000.00               |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                 | 17,500.00               |
|    | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                 | 97,500.00               |
| Pa | rt 2: Summarize Your Liabilities  |                    |                         |
|    |   |                    | abilities<br>t you owe  |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 57,823.00               |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                 | 0.00                    |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$                 | 11,837.00               |
|    | Your total liabilities  | \$                 | 69,660.00               |
| Ра | rt 3: Summarize Your Income and Expenses  |                    |                         |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$                 | 1,956.00                |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                 | 1,948.00                |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records   |                    |                         |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | ır other sch       | nedules.                |
|    | ■ Yes What kind of debt do you have?  |                    |                         |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Case number (if known) Document

Debtor 1 Jeanette E Saladino

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$_ | 945.00 |
|----|--|-----|--------|
|    |  | 1   |        |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

|               | Ca                        | ase 17-80512                                       | Doc 1  | Filed 03/08/17<br>Document               | Entered 03/08/1<br>Page 10 of 49   | 7 13:58:21                       | Des          | c Main   |
|---------------|---------------------------|--|--|--|--|----------------------------------|--------------|--|
| Fill          | in this infor             | mation to identify yo                              | ur case and t                                  |  | 1 000 10 10  |                                  |              |  |
| Deb           | tor 1                     | Jeanette E Sala                                    | adino  |  |  |                                  |              |  |
|               |                           | First Name   | Midd   | le Name                                  | Last Name  |                                  |              |  |
|               | otor 2<br>use, if filing) | First Name   | Midd   | le Name                                  | Last Name  |                                  |              |  |
| Unit          | ed States Ba              | ankruptcy Court for the                            | : NORTHE                                       | RN DISTRICT OF ILLIN                     | NOIS   |                                  |              |  |
| Cas           | e number _                |  |  |  | -  |                                  | [            | ☐ Check if this is an amended filing                               |
| Sc            | hedul                     | orm 106A/B<br><b>e A/B: Pro</b>                    | <u>.                                      </u> |  |  |                                  |              | 12/15  |
| nink<br>nfori | it fits best. E           | se as complete and acc<br>re space is needed, atta | urate as possik                                | ole. If two married people               | in asset fits in more than one<br>are filing together, both are<br>e top of any additional pages | equally responsi                 | ble for sup  | plying correct   |
| Part          | 1: Describe               | Each Residence, Build                              | ing, Land, or O                                | ther Real Estate You Ow                  | n or Have an Interest In   |                                  |              |  |
| . Do          | o vou own or              | have any legal or equita                           | ıble interest in                               | any residence, building,                 | land, or similar property?   |                                  |              |  |
| _             | No. Go to Par             | rt 2.  |  |  |  |                                  |              |  |
| 1 1           |                           |  |  | What is the property                     | 2 Charle all thet analy  |                                  |              |  |
| 1.1           | 2435 Dev                  | onshire Dr   |  | What is the property  Single-family h    |  | Do not doduct o                  | مديعوا مامنح | no or everentions. Dut   |
|               | Street address,           | if available, or other descript                    | ion  | Duplex or mult                           |  | the amount of a                  | ny secured   | ns or exemptions. Put claims on Schedule D: s Secured by Property. |
|               | Rockford                  | IL 6   | 1107-0000                                      |  | or mobile home   | Current value of                 |              | Current value of the   |
|               | City                      | State  | ZIP Code                                       | Land Investment pro                      | operty   | entire property<br>\$80,0        |              | portion you own? \$80,000.00                                       |
|               |                           |  |  | ☐ Timeshare ☐ Other                      |  | (such as fee si                  | nple, tenar  | ur ownership interest  |
|               |                           |  |  | Who has an interest  Debtor 1 only       | in the property? Check one   | a life estate), if<br>Fee simple | Known.       |  |
|               | Winnebag                  | jo   |  | Debtor 2 only                            |  |                                  |              |  |
|               | County                    |  |  | Debtor 1 and [                           | •  |                                  |              | nunity property  |
|               |                           |  |  | Other information yo                     | f the debtors and another  bu wish to add about this iter  on number:                            | n, such as local                 | ons)         |  |
|               |                           |  |  | property identification  Owned by Salace | on number:<br>dino Trust No 1988   |                                  |              |  |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$80,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb                     | tor 1                     | Case 17-80512  Jeanette E Saladino  |                     | Filed 03/08/17<br>Document                 | Page 11 of 49              | 3/17 13:58:21 ase number (if known) | Desc Main  |
|-------------------------|---------------------------|---|---------------------|--|----------------------------|-------------------------------------|--|
| 3. <b>C</b> a           | ars. vai                  | ns, trucks, tractors, spo   | rt utility vehi     | icles, motorcycles                         |                            | ` -                                 |  |
|                         |                           | ,,,,  |                     | ,  |                            |                                     |  |
|                         | No                        |   |                     |  |                            |                                     |  |
|                         | Yes                       |   |                     |  |                            |                                     |  |
| 3.1                     | Make<br>Mode              | Alama   |                     | Who has an interest in the                 | e property? Check one      | the amount of any s                 | red claims or exemptions. Put ecured claims on Schedule D: e Claims Secured by Property. |
|                         | Year:                     | ,,,   |                     | ■ Debtor 1 only □ Debtor 2 only            |                            | Current value of th                 |  |
|                         | Appro                     | oximate mileage:  | 70000               | Debtor 1 and Debtor 2 of                   | only                       | entire property?                    | portion you own?   |
|                         | Other                     | r information:  |                     | At least one of the debte                  | ors and another            |                                     |  |
|                         |                           |   |                     | Check if this is common (see instructions) | unity property             | \$2,500.0                           | \$2,500.00   |
| 5 <b>A</b>              |                           |   |                     | for all of your entries fr                 |                            |                                     | \$2,500.00   |
| <b>Do y</b> 6. <b>H</b> | ou ow                     | cribe Your Personal and H<br>in or have any legal or e<br>old goods and furnishing<br>es: Major appliances, furni | quitable inte<br>gs | erest in any of the follow                 | ing items?                 |                                     | Current value of the portion you own? Do not deduct secured claims or exemptions.        |
| _                       |                           | Describe  |                     |  |                            |                                     |  |
|                         | - 103.                    | Describe  |                     |  |                            |                                     |  |
|                         |                           | Applia  | nces, Furn          | iture                                      |                            |                                     | \$1,800.00   |
| 8. <b>C</b> c           | No Yes.                   | es: Televisions and radios including cell phones,  Describe  Dles of value  | cameras, me         | dia players, games                         |                            |                                     | llections; electronic devices  |
|                         | No                        | es: Antiques and figurines<br>other collections, mem<br>Describe  |                     |  | oks, pictures, or other an | t objects; stamp, coin, c           | or baseball card collections;  |
| E                       | xample<br>■ No            | musical instruments   |                     | other hobby equipment;                     | bicycles, pool tables, gol | f clubs, skis; canoes ar            | nd kayaks; carpentry tools;  |
|                         | J Yes.                    | Describe  |                     |  |                            |                                     |  |
|                         | Firearm<br>Exampa<br>I No |   | ns, ammunitio       | on, and related equipment                  | t                          |                                     |  |
|                         | 1 v.c                     | Doscribo  |                     |  |                            |                                     |  |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1                  | Case 17-80512  Jeanette E Saladino                           | Doc 1                     | Filed 03/08/17<br>Document | Entered 03/08/17 13:58:21<br>Page 12 of 49<br>Case number (if known)                       | Desc Main   |
|---------------------------|--|---------------------------|----------------------------|--|---|
|                           |  |                           |                            | Case Humber (# khowii)   |   |
| □ No <sup>′</sup>         | es ples: Everyday clothes, furs, Describe                    | leather coats             | s, designer wear, shoes,   | accessories  |   |
|                           | Everyda  | ay Clothes                |                            |  | \$500.00  |
|                           |  |                           |                            |  |   |
| ■ No                      |  | ume jewelry,              | engagement rings, wedd     | ling rings, heirloom jewelry, watches, gems,   | gold, silver  |
| Exam <sub>i</sub><br>■ No | arm animals ples: Dogs, cats, birds, horse Describe          | es                        |                            |  |   |
| ■ No                      | ther personal and househo                                    |                           | ı did not already list, ir | cluding any health aids you did not list   |   |
|                           | the dollar value of all of yo<br>art 3. Write that number he |                           | <del>_</del>               | ny entries for pages you have attached   | \$2,300.00  |
| Part 4: De                | escribe Your Financial Assets                                |                           |                            |  |   |
| Do you ov                 | wn or have any legal or eq                                   | uitable intere            | est in any of the follow   | ing?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                      | ples: Money you have in you                                  | -                         |                            | sit box, and on hand when you file your petit  | ion   |
| Exam                      |  |                           | accounts; certificates o   | f deposit; shares in credit unions, brokerage itution, list each.                          | houses, and other similar   |
| □ No<br>■ Yes.            |  |                           | Institution n              | ame:   |   |
|                           | 17.1.  | checking                  | Stillman E                 | Bank - checking-\$200  | \$200.00  |
|                           | 17.2.  |                           | Stillman E                 | Bank savings   | \$4,000.00  |
|                           | s, mutual funds, or publicly<br>ples: Bond funds, investmen  |                           |                            | ey market accounts   |   |
| _                         | lr   | nstitution or is          | suer name:                 |  |   |
|                           | ublicly traded stock and in                                  | terests in in             | corporated and uninco      | rporated businesses, including an interes  | st in an LLC, partnership, and  |
| ■ No                      |  |                           |                            |  |   |
| ☐ Yes.                    | Give specific information a<br>Name                          | bout them<br>e of entity: |                            | % of ownership:  |   |
| Negot                     |  | rsonal checks             | s, cashiers' checks, pror  | gotiable instruments<br>nissory notes, and money orders.<br>by signing or delivering them. |   |

|    |  | Case 17-80512  | Doc 1                          | Filed 03/08/17<br>Document  |  | Desc Main   |  |
|----|--|--|--------------------------------|-----------------------------|--|---|--|
| D  | ebtor 1  | Jeanette E Saladino  |                                | Document                    | Page 13 of 49 Case number (if known)   |   |  |
|    | ■ No<br>□ Yes.   | Give specific information al   | bout them<br>er name:          |                             |  |   |  |
| 21 |  | ment or pension accounts<br>oles: Interests in IRA, ERIS.  |                                | 1(k), 403(b), thrift saving | gs accounts, or other pension or profit-sharing                                      | plans   |  |
|    | ■ Yes.   | List each account separate<br>Type o   | ely.<br>f account:             | Institution i               | name:  |   |  |
|    |  |  |                                | _401 (k) th                 | ru employment  | \$8,500.00  |  |
| 22 | Your s   |  | you have ma                    |                             | tinue service or use from a company<br>ctric, gas, water), telecommunications compar | nies, or others   |  |
|    | _  |  |                                | Institution i               | name or individual:  |   |  |
| 23 | . Annuit   | ies (A contract for a period   | ic payment of                  | f money to you, either fo   | r life or for a number of years)   |   |  |
|    | ☐ Yes  | lssuer name  | and descrip                    | tion.                       |  |   |  |
| 24 | 4. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  No  No  Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): |  |                                |                             |  |   |  |
| 25 | ■ No   | equitable or future interestive specific information a   |                                | erty (other than anythir    | ng listed in line 1), and rights or powers exe                                       | ercisable for your benefit  |  |
| 26 | Examµ<br>■ No  | s, copyrights, trademarks<br>oles: Internet domain name:   | s, websites, p                 |                             |  |   |  |
| 27 | . <b>Licens</b><br>Examp<br>■ No   | es, franchises, and other  | general inta<br>usive licenses |                             | n holdings, liquor licenses, professional licens                                     | es  |  |
| M  | oney or  | property owed to you?  |                                |                             |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |
| 28 | ■ No   | funds owed to you  Give specific information al  | bout them, in                  | cluding whether you alre    | eady filed the returns and the tax years   |   |  |
| 29 | Examp<br>■ No  | support  bles: Past due or lump sum  Give specific information                                     | , ,                            | usal support, child supp    | ort, maintenance, divorce settlement, property                                       | settlement  |  |
| 30 | Exam <sub>p</sub> ■ No   | amounts someone owes yoles: Unpaid wages, disabilibenefits; unpaid loans Give specific information | ity insurance                  |                             | efits, sick pay, vacation pay, workers' compe  | nsation, Social Security  |  |

Official Form 106A/B Schedule A/B: Property page 4

|                           | Case 17-80512   |                                  | led 03/08/17<br>Document | Entered 03/08/17 13:58:21<br>Page 14 of 49         | Desc Main                  |
|---------------------------|---|----------------------------------|--------------------------|--|----------------------------|
| Debtor 1                  | Jeanette E Saladino   |                                  | Document                 | Case number (if known)                             |                            |
|                           | ts in insurance policies oles: Health, disability, or life  | e insurance; healt               | h savings account (F     | HSA); credit, homeowner's, or renter's insurar     | nce                        |
|                           | Name the insurance compa<br>Com   | any of each policy<br>pany name: | and list its value.      | Beneficiary:                                       | Surrender or refund value: |
| If you a<br>someo<br>■ No | terest in property that is deare the beneficiary of a living the has died.  Give specific information |                                  |                          | d surance policy, or are currently entitled to rec | eive property because      |
| Examp<br>■ No             | against third parties, wholes: Accidents, employmen   |                                  |                          | t or made a demand for payment to sue              |                            |
| ■ No                      | contingent and unliquidat   | ed claims of eve                 | ry nature, includinç     | g counterclaims of the debtor and rights to        | o set off claims           |
| ■ No                      | ancial assets you did not Give specific information   | already list                     |                          |  |                            |
|                           | he dollar value of all of yo<br>art 4. Write that number ho   |                                  |                          | ny entries for pages you have attached             | \$12,700.00                |
| Part 5: Des               | scribe Any Business-Related   | Property You Own                 | or Have an Interest I    | n. List any real estate in Part 1.                 |                            |
| 37. <b>Do you o</b>       | own or have any legal or equi   | table interest in an             | y business-related pr    | operty?  |                            |
| ■ No. Go                  | to Part 6.  |                                  |                          |  |                            |
| ☐ Yes. G                  | Go to line 38.  |                                  |                          |  |                            |
|                           | scribe Any Farm- and Commo  |                                  |                          | n or Have an Interest In.                          |                            |
| ■ No.                     | own or have any legal or<br>Go to Part 7.<br>. Go to line 47.   | equitable intere                 | st in any farm- or c     | commercial fishing-related property?               |                            |
| Part 7:                   | Describe All Property You   | Own or Have an Int               | erest in That You Did    | Not List Above                                     |                            |
|                           | have other property of an oles: Season tickets, country   |                                  |                          |  |                            |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

☐ Yes. Give specific information.......

\$0.00

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Case number (if known) Document Jeanette E Saladino Debtor 1

|      |  |             | '                            |             |
|------|--|-------------|------------------------------|-------------|
| Part | 8: List the Totals of Each Part of this Form                 |             |                              |             |
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$80,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$2,500.00  |                              |             |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,300.00  |                              |             |
| 58.  | Part 4: Total financial assets, line 36                      | \$12,700.00 |                              |             |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |             |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |             |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |             |
| 62.  | Total personal property. Add lines 56 through 61             | \$17,500.00 | Copy personal property total | \$17,500.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$97,500.00 |

Official Form 106A/B Schedule A/B: Property page 6

Page 16 of 49 Document Fill in this information to identify your case: Debtor 1 Jeanette E Saladino Middle Name First Name Last Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/16

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

|   | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim  Check only one box for each exemption. |   | Specific laws that allow exemption |  |
|---|--|---|---|---|------------------------------------|--|
|   |  | Copy the value from<br>Schedule A/B     |   |   |                                    |  |
|   | 2435 Devonshire Dr Rockford, IL<br>61107 Winnebago County                              | \$80,000.00                             | •   | \$15,000.00   | 735 ILCS 5/12-902                  |  |
|   | Owned by Saladino Trust No 1988 Line from Schedule A/B: 1.1                            |   | ☐ 100% of fair market value, up to any applicable statutory limit         |   |                                    |  |
|   | 2435 Devonshire Dr Rockford, IL<br>61107 Winnebago County                              | \$80,000.00                             |   | \$15,000.00   | 735 ILCS 5/12-901                  |  |
|   | Owned by Saladino Trust No 1988 Line from Schedule A/B: 1.1                            |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|   | 2003 Oldsmobile Alero 70000 miles Line from Schedule A/B: 3.1                          | \$2,500.00                              |   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
|   | Line Horr Schedule A.B. V.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|   | 2003 Oldsmobile Alero 70000 miles Line from Schedule A/B: 3.1                          | \$2,500.00                              |   | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
| ļ | Line Horr Schedule A.B. 3.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|   | Appliances, Furniture Line from Schedule A/B: 6.1                                      | \$1,800.00                              |   | \$1,800.00  | 735 ILCS 5/12-1001(b)              |  |
|   | Line Irom Schedule A/B: 0.1  |   |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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Case number (if known)

|    | <u> </u>  |                                      |  | ,   |                                    |
|----|---|--------------------------------------|--|---|------------------------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am                                     | ount of the exemption you claim                                 | Specific laws that allow exemption |
|    |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption. |   |                                    |
|    | Everyday Clothes Line from Schedule A/B: 11.1                                       | \$500.00                             |  | \$500.00  | 735 ILCS 5/12-1001(a)              |
|    | Line Holli Schedule A/D. 11.1   |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | checking: Stillman Bank -<br>checking-\$200   | \$200.00                             |  | \$200.00  | 735 ILCS 5/12-1001(h)(4)           |
|    | Line from Schedule A/B: 17.1  |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | Stillman Bank savings Line from Schedule A/B: 17.2                                  | \$4,000.00                           |  | \$4,000.00  | 735 ILCS 5/12-1001(h)(4)           |
|    | Line Holli Schedule PAB. 17-2   |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
|    | 401 (k) thru employment Line from Schedule A/B: 21.1                                | \$8,500.00                           |  | \$8,500.00  | 735 ILCS 5/12-1006                 |
|    | Line Holli Schedule PAB. 21.1   |                                      |  | 100% of fair market value, up to any applicable statutory limit |                                    |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |  | led on or after the date of adjustme                            | nt.)                               |
|    | No  |                                      |  |   |                                    |
|    | ☐ Yes. Did you acquire the property cover   | ered by the exemption w              | ithin 1                                | ,215 days before you filed this case                            | ?                                  |
|    | □ No  |                                      |  |   |                                    |
|    | ☐ Yes   |                                      |  |   |                                    |

|            |                                       | Document  | Page 18              | 3 of 49              |  |               |
|------------|---------------------------------------|---|----------------------|----------------------|--|---------------|
| Fill in t  | his information to identify           | your case:  |                      |                      |  |               |
| Debtor     | 1 Jeanette E S                        | aladino   |                      |                      |  |               |
| Debioi     | First Name                            | Middle Name   | Last Name            |                      | -  |               |
| Debtor     | 2                                     |   |                      |                      |  |               |
| (Spouse if |                                       | Middle Name   | Last Name            |                      | -  |               |
| 11-4       | Otataa Danliniintaii Oaiint fan       | the NORTHERN DISTRICT OF I  | LLINOIC              |                      |  |               |
| United     | States Bankruptcy Court for           | the: NORTHERN DISTRICT OF I   | LLINOIS              |                      | -  |               |
| Case no    | umher                                 |   |                      |                      |  |               |
| (if known) |                                       |   |                      |                      | ☐ Check                                      | if this is an |
|            |                                       |   |                      |                      | ameno  | led filing    |
|            |                                       |   |                      |                      |  | o .           |
| Officia    | al Form 106D                          |   |                      |                      |  |               |
|            |                                       | ors Who Have Claims   | Socuror              | d by Proport         | <b>N</b> /                                   | 12/15         |
| SCITE      | dule D. Credito                       | ns who have claims  | <u> Secured</u>      | a by Propert         | <u>y                                    </u> | 12/13         |
| s needed   | d, copy the Additional Page, fi       | ble. If two married people are filing toge<br>Il it out, number the entries, and attach       |                      |                      |  |               |
| •          | (if known).                           |   |                      |                      |  |               |
| 1. Do any  | creditors have claims secure          | ed by your property?  |                      |                      |  |               |
| 1 🗆        | No. Check this box and subn           | nit this form to the court with your oth  | er schedules. Yo     | ou have nothing else | to report on this form.                      |               |
|            | Yes. Fill in all of the informat      | ion below.  |                      |                      |  |               |
| Part 1:    |                                       |   |                      |                      |  |               |
|            | •                                     |   |                      | Column A             | Column B                                     | Column C      |
|            |                                       | has more than one secured claim, list the or<br>has a particular claim, list the other credit |                      | Amount of claim      | Value of collateral                          | Unsecured     |
|            |                                       | abetical order according to the creditor's na   |                      | Do not deduct the    | that supports this                           | portion       |
|            |                                       |   |                      | value of collateral. | claim  | If any        |
| フォー        | ushmore Loan Mgmt<br>er               | Describe the property that secure   | s the claim:         | \$45,304.00          | \$80,000.00                                  | \$0.00        |
|            | editor's Name                         | 2435 Devonshire Dr Rockf  |                      |                      |  |               |
|            |                                       | 61107 Winnebago County  |                      |                      |  |               |
| 4.         | 5400 L D                              | Owned by Saladina Truck   |                      |                      |  |               |
|            | 5480 Laguna Canyon Ro                 | As of the date you file, the claim is   |                      |                      |  |               |
| S          | vina CA 02640                         | apply.  |                      |                      |  |               |
| -          | vine, CA 92618                        | Contingent  |                      |                      |  |               |
| Nu         | ımber, Street, City, State & Zip Code | Unliquidated  |                      |                      |  |               |
|            | 4. 1.1.0.0                            | ☐ Disputed  |                      |                      |  |               |
| wno ow     | ves the debt? Check one.              | Nature of lien. Check all that apply  |                      |                      |  |               |
| Debte      | or 1 only                             | ☐ An agreement you made (such a   | s mortgage or sec    | cured                |  |               |
| ☐ Debte    | or 2 only                             | car loan)   |                      |                      |  |               |
| ☐ Debte    | or 1 and Debtor 2 only                | ☐ Statutory lien (such as tax lien, m   | nechanic's lien)     |                      |  |               |
| ☐ At lea   | ast one of the debtors and anoth      | er  |                      |                      |  |               |
|            | ck if this claim relates to a         | ☐ Other (including a right to offset)   |                      |                      |  |               |
| com        | nmunity debt                          |   |                      |                      |  |               |
|            | Opened                                |   |                      |                      |  |               |
|            | 04/03 Las                             | st  |                      |                      |  |               |
|            | Active                                | -   |                      |                      |  |               |
| Date del   | bt was incurred 1/10/17               | Last 4 digits of account nu   | <sub>mber</sub> 0119 |                      |  |               |
|            |                                       |   |                      |                      |  |               |
| 2.2 W      | /fhm                                  | Describe the property that secure   | s the claim:         | \$12,519.00          | \$80,000.00                                  | \$0.00        |
|            | editor's Name                         | 2435 Devonshire Dr Rockf  |                      | <u> </u>             | <del></del>                                  | <del></del>   |
|            |                                       | 61107 Winnebago County  |                      |                      |  |               |
|            |                                       | Owned by Saladino Trust   |                      |                      |  |               |
| 31         | 201 N 4th Ave                         | As of the date you file, the claim is   |                      |                      |  |               |
|            | ioux Falls, SD 57104                  | apply.  |                      |                      |  |               |
|            |                                       | Contingent  |                      |                      |  |               |
| Nu         | ımber, Street, City, State & Zip Code | Unliquidated  |                      |                      |  |               |
| Who o      | ves the debt? Check one.              | ☐ Disputed  Nature of lien. Check all that apply  | ,                    |                      |  |               |
| _          |                                       | _   |                      |                      |  |               |
| _          | or 1 only                             |   | s mortgage or sec    | curea                |  |               |
|            | or 2 only                             | _   |                      |                      |  |               |
|            | or 1 and Debtor 2 only                | Statutory lien (such as tax lien, m   | nechanic's lien)     |                      |  |               |
| ☐ At lea   | ast one of the debtors and anoth      | er  |                      |                      |  |               |

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| Debtor 1 J    | Jeanette E  | Saladino                                  |  | Case number (if know) |                            |   |
|---------------|-------------|---|--|-----------------------|----------------------------|---|
| F             | irst Name   | Middle Na                                 | me Last Name   |                       | _                          |   |
| Check if to   |             | ates to a                                 | Other (including a right to offset)  |                       |                            |   |
| Date debt wa  | as incurred | Opened<br>09/08 Last<br>Active<br>1/17/17 | Last 4 digits of account number  | 1314                  |                            |   |
| If this is th |             | of your form, add t                       | olumn A on this page. Write that number he dollar value totals from all pages. | here:                 | \$57,823.00<br>\$57,823.00 | 7 |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                               | 0436 17 00012 20  | Document  | Page 2                       | 0 of 49  | Desc Main   |
|-------------------------------|---|---|------------------------------|--|---|
| Fill in                       | this information to identify your cas   |   |                              |  |   |
| Debtor                        | r 1 Jeanette E Saladino   |   |                              |  |   |
|                               | First Name  | Middle Name   | Last Name                    |  |   |
| Debtor                        |   | ACT III AL  |                              |  |   |
| (Spouse                       | if, filing) First Name  | Middle Name   | Last Name                    |  |   |
| United                        | States Bankruptcy Court for the: N  | IORTHERN DISTRICT OF ILLI   | NOIS                         |  |   |
| Case r                        | number  |   |                              |  |   |
| (if known                     |   |   |                              |  | ☐ Check if this is an   |
|                               |   |   |                              |  | amended filing  |
| Offici                        | ial Form 106E/F   |   |                              |  |   |
|                               | edule E/F: Creditors Who  | h Have Unsecured (  | Claime                       |  | 12/15   |
|                               | omplete and accurate as possible. Use P   |   |                              | Part 2 for creditors with NONPPIOR   |   |
| Schedu<br>Schedu<br>eft. Atta | cutory contracts or unexpired leases tha<br>le G: Executory Contracts and Unexpired<br>le D: Creditors Who Have Claims Securer<br>ach the Continuation Page to this page. In<br>Ind case number (if known). | I Leases (Official Form 106G). Do<br>d by Property. If more space is no | not include<br>eeded, copy t | any creditors with partially secure<br>the Part you need, fill it out, numbe | d claims that are listed in<br>er the entries in the boxes on the |
| Part 1                        | List All of Your PRIORITY Unsec   | cured Claims  |                              |  |   |
|                               | any creditors have priority unsecured cl  | aims against you?   |                              |  |   |
|                               | No. Go to Part 2.   |   |                              |  |   |
|                               | Yes.  |   |                              |  |   |
| Part 2                        | List All of Your NONPRIORITY L  | Insecured Claims  |                              |  |   |
| 3. Do                         | any creditors have nonpriority unsecure   | ed claims against you?  |                              |  |   |
|                               | No. You have nothing to report in this part.  | Submit this form to the court with ye                                   | our other sche               | edules.  |   |
|                               | Yes.  |   |                              |  |   |
| uns<br>tha                    | st all of your nonpriority unsecured claim<br>secured claim, list the creditor separately for<br>an one creditor holds a particular claim, list th<br>rt 2.   | each claim. For each claim listed,                                      | identify what t              | ype of claim it is. Do not list claims al                                    | ready included in Part 1. If more                                 |
|                               |   |   |                              |  | Total claim   |
| 4.1                           | Atg Credit  | Last 4 digits of acco   | unt number                   | 8411   | \$70.00   |
|                               | Nonpriority Creditor's Name 1700 W Cortland St Ste 2  | When was the debt i   | ncurred?                     | Opened 11/16   |   |
|                               | Chicago, IL 60622  Number Street City State Zlp Code  | As of the date you fil  | e the claim i                | s: Check all that apply  |   |
|                               | Who incurred the debt? Check one.   | As of the date you in   | e, the claim i               | S. Oneck all that apply  |   |
|                               | ■ Debtor 1 only   | ☐ Contingent  |                              |  |   |
|                               | Debtor 2 only   | ☐ Unliquidated  |                              |  |   |
|                               | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                              |  |   |
|                               | ☐ At least one of the debtors and anothe  |   | TY unsecured                 | d claim:   |   |
|                               | ☐ Check if this claim is for a commun   | Па  |                              |  |   |
|                               | debt  | •   | out of a sepa                | ration agreement or divorce that you   | did not   |
|                               | Is the claim subject to offset?   | report as priority claim  |                              | - ,  |   |
|                               | ■ No  | ☐ Debts to pension of   | or profit-sharin             | g plans, and other similar debts   |   |
|                               | □Yes  | Other. Specify  | collection A                 | Attorney Radiology Consul  | tants   |

Document Page 21 of 49 Debtor 1 Jeanette E Saladino Case number (if know) 4.2 Atg Credit Last 4 digits of account number 7089 \$40.00 Nonpriority Creditor's Name 1700 W Cortland St Ste 2 When was the debt incurred? **Opened 07/15** Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Radiology Consultants Other. Specify ☐ Yes Of Rockf 4.3 **Atq Credit** Last 4 digits of account number 8290 \$9.00 Nonpriority Creditor's Name 1700 W Cortland St Ste 2 When was the debt incurred? **Opened 08/16** Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Radiology Consultants ■ Other. Specify Of Rockf ☐ Yes 4.4 Atg Credit 8278 \$8.00 Last 4 digits of account number Nonpriority Creditor's Name 1700 W Cortland St Ste 2 When was the debt incurred? **Opened 08/16** Chicago, IL 60622 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify Of Rockf

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney Radiology Consultants** 

Document Page 22 of 49 Debtor 1 Jeanette E Saladino Case number (if know) 4.5 Capital One Bank Usa N Last 4 digits of account number 8277 \$1.044.00 Nonpriority Creditor's Name Opened 01/02 Last Active 15000 Capital One Dr When was the debt incurred? 1/30/17 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Capital One Bank Usa N Last 4 digits of account number 7251 Unknown Nonpriority Creditor's Name Opened 6/30/07 Last Active 15000 Capital One Dr When was the debt incurred? 6/17/14 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 Credit One Bank Na Last 4 digits of account number 1811 Unknown Nonpriority Creditor's Name Opened 08/10 Last Active Po Box 98875 When was the debt incurred? 3/20/11 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

Official Form 106 E/F

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Jeanette E Saladino Case number (if know) \$1.971.00 4.8 **IRS** Last 4 digits of account number Nonpriority Creditor's Name Department of the Treasury When was the debt incurred? Kansas City, MO 64999-0030 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify 2011 Taxes ☐ Yes 4.9 **IRS** \$463.00 Last 4 digits of account number Nonpriority Creditor's Name Department of the Treasury When was the debt incurred? Kansas City, MO 64999-0030 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts Other. Specify 2012 Taxes ☐ Yes 4.1 \$1,036.00 Last 4 digits of account number Nonpriority Creditor's Name **Department of the Treasury** When was the debt incurred? Kansas City, MO 64999-0030 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $oxed{\square}$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 2013 Taxxes ☐ Yes

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Case number (if know) Document Debtor 1 Jeanette E Saladino

| 1.1<br>1 | IRS  | Last 4 digits of account number  |  | \$209.00 |  |  |  |
|----------|--|--|--|----------|--|--|--|
|          | Nonpriority Creditor's Name  Department of the Treasury  | When was the debt incurred?  |  |          |  |  |  |
|          | Kansas City, MO 64999-0030  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i   | is: Check all that apply                     |          |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |          |  |  |  |
|          | Debtor 2 only  | ☐ Debtor 2 only ☐ Unliquidated   |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                     |          |  |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |          |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims                                | ration agreement or divorce that you did not |          |  |  |  |
|          | ■ No   | Debts to pension or profit-sharin  | g plans, and other similar debts             |          |  |  |  |
|          | Yes  | Other. Specify 2014 Taxes  | <u> </u>                                     |          |  |  |  |
| 4.1<br>2 | Wells Fargo Auto Finan   | Last 4 digits of account number  | 9001   | Unknown  |  |  |  |
|          | Nonpriority Creditor's Name Po Box 29704 Phoenix, AZ 85038                                       | When was the debt incurred?  | Opened 03/09 Last Active 4/30/10             |          |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                              |  |  |          |  |  |  |
|          | ■ Debtor 1 only  |  |  |          |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |          |  |  |  |
|          | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                     |          |  |  |  |
|          | Check if this claim is for a community   | ☐ Student loans  |  |          |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims                                | ration agreement or divorce that you did not |          |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing   |  |          |  |  |  |
|          | Yes  | Other. Specify Automobile  | 9  |          |  |  |  |
| 4.1<br>3 | Wells Fargo Auto Finan  Nonpriority Creditor's Name  | Last 4 digits of account number  | 9001   | Unknown  |  |  |  |
|          | Po Box 29704<br>Phoenix, AZ 85038  | When was the debt incurred?  | Opened 04/10 Last Active 2/11/11             |          |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                              | As of the date you file, the claim i   | is: Check all that apply                     |          |  |  |  |
|          | Debtor 1 only  | Debtor 1 only  |  |          |  |  |  |
|          | ☐ Debtor 2 only  |  |  |          |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |  |          |  |  |  |
|          | $\square$ At least one of the debtors and another  | At least one of the debtors and another  Type of NONPRIORITY unsecured claim:  Student loans |  |          |  |  |  |
|          | ☐ Check if this claim is for a community debt  | ration agreement or divorce that you did not   |  |          |  |  |  |
|          | Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |  |          |  |  |  |
|          | ■ No   |  |  |          |  |  |  |
|          | ☐ Yes  | Other. Specify Automobile  | •  |          |  |  |  |

| Debtor   | Case 17-80512 Doc 1  1 Jeanette E Saladino                           | Filed 03/08/17 Entere<br>Document Page 2   | ed 03/08/17 13:58:21 Desc N<br>5 of 49<br>Case number (if know) | Main             |  |  |  |
|----------|--|--|---|------------------|--|--|--|
| 4.1<br>4 | Wellsfargo   | Last 4 digits of account number  | 9484  | Unknown          |  |  |  |
|          | Nonpriority Creditor's Name  800 Walnut St Des Moines, IA 50309      | When was the debt incurred?  | Opened 01/08 Last Active 9/05/08                                |                  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim   | is: Check all that apply  |                  |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |                  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                  |  |  |  |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecure   | d claim:  |                  |  |  |  |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |                  |  |  |  |
|          | debt<br>Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims                                     | aration agreement or divorce that you did not                   |                  |  |  |  |
|          | No   | Debts to pension or profit-sharing   | ng plans, and other similar debts                               |                  |  |  |  |
|          | Yes  | Other. Specify Note Loan   |   |                  |  |  |  |
| 4.1      | Wf Crd Svc   |  | 0519  | \$4,277.00       |  |  |  |
| 5        | Nonpriority Creditor's Name  | Last 4 digits of account number  |   | <b>Ψ4,277.00</b> |  |  |  |
|          | Cscl Dispute Team N8235-04m<br>Des Moines, IA 50306                  | When was the debt incurred?  | Opened 09/08 Last Active 9/15/16                                |                  |  |  |  |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim   | is: Check all that apply  |                  |  |  |  |
|          | Who incurred the debt? Check one.                                    |  |   |                  |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |                  |  |  |  |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                  |  |  |  |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecure   | Type of NONPRIORITY unsecured claim:                            |                  |  |  |  |
|          | $\square$ Check if this claim is for a community                     | ☐ Student loans  |   |                  |  |  |  |
|          | debt   |  | aration agreement or divorce that you did not                   |                  |  |  |  |
|          | Is the claim subject to offset?                                      | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts |   |                  |  |  |  |
|          |  | , ,  |   |                  |  |  |  |
|          | Yes  | Other. Specify Credit Card   | 1   |                  |  |  |  |
| 4.1      | Wf Crd Svc   | Last 4 digits of account number  | 8927  | \$2,710.00       |  |  |  |
|          | Nonpriority Creditor's Name  | _  |   |                  |  |  |  |
|          | Cscl Dispute Team N8235-04m<br>Des Moines, IA 50306                  | When was the debt incurred?  | Opened 03/08 Last Active 9/15/16                                |                  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply  |                  |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |                  |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |   |                  |  |  |  |
|          | •  |  |   |                  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card

Type of NONPRIORITY unsecured claim:

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

debt

■ No ☐ Yes ☐ Disputed

☐ Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 $\square$  Check if this claim is for a community

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Jeanette E Saladino

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. |   | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>11,837.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>11,837.00 |

|                        |                          | Dodanic           | 111 1 44C E1 C1 +3 |  |
|------------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor     | mation to identify your  | case:             |                    |  |
| Debtor 1               | Jeanette E Salad         | ino               |                    |  |
|                        | First Name               | Middle Name       | Last Name          |  |
| Debtor 2               |                          |                   |                    |  |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name          |  |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number (if known) |                          |                   |                    |  |
|                        |                          |                   |                    |  |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1   | Person or | company with | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | <del>-</del>                            |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 | Oity      |              | Glate                 | 211 0000          |   |
| 2.2 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | Number    | Sireet       |                       |                   |   |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.3 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     |           |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | U.I.J     |              |                       |                   |   |
| 2.4 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | Number    | Sireet       |                       |                   |   |
|     |           |              |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          |   |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     |           |              |                       |                   |   |
|     |           |              |                       |                   | <u>_</u>                                |
|     | Number    | Street       |                       |                   |   |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     | ,         |              | 0.0.0                 | 0000              |   |

|               |  | Docume  | ent Page 28 d             | of 49   |               |
|---------------|--|---|---------------------------|---|---------------|
| Fill in thi   | is information to identify y             | our case:   |                           |   |               |
| Debtor 1      | Jeanette E Sa                            | ladina  |                           |   |               |
| Debior 1      | First Name                               | Middle Name   | Last Name                 |   |               |
| Debtor 2      |  |   |                           |   |               |
| (Spouse if, f |  | Middle Name   | Last Name                 |   |               |
| United St     | tates Bankruptcy Court for th            | ne: NORTHERN DISTRICT                                       | OF ILLINOIS               |   |               |
| Offica Of     | tates bankruptey Court for the           | ic. NorthEtti Diotitiot                                     | OI ILLIIVOIO              |   |               |
| Case nur      | mber                                     |   |                           |   |               |
| (if known)    |  |   |                           | ☐ Check if this is  |               |
|               |  |   |                           | amended filing  | 1             |
| Oπ: -:-       | -l                                       |   |                           |   |               |
|               | al Form 106H                             |   |                           |   |               |
| Sche          | dule H: Your Co                          | odebtors  |                           |   | 12/15         |
|               |  |   |                           |   |               |
|               |  | the boxes on the left. Attack<br>wn). Answer every question |                           | o this page. On the top of any Additional Page  | s, write      |
| 1. Do         | o you have any codebtors?                | ? (If you are filing a joint case,                          | do not list either spouse | as a codebtor.  |               |
| ■ No          | 0  |   |                           |   |               |
| □ Ye          | es                                       |   |                           |   |               |
|               |  |   |                           |   |               |
|               |  | you lived in a community pr<br>ana, Nevada, New Mexico, Pu  |                           | y? (Community property states and territories inclination, and Wisconsin)                       | ude           |
| Alizo         | oria, Gairiorriia, Idario, Eddisii       | ana, Nevada, New Mexico, i d                                | cito rico, rexas, vvasi   | ington, and wisconsin.)   |               |
| ■ No          | o. Go to line 3.                         |   |                           |   |               |
| □ Ye          | es. Did your spouse, former              | spouse, or legal equivalent live                            | e with you at the time?   |   |               |
|               | •  |   | •                         |   |               |
| in lin        | ne 2 again as a codebtor or              | nly if that person is a guaran                              | tor or cosigner. Make     | if your spouse is filing with you. List the personance you have listed the creditor on Schedule | D (Official   |
|               | n 106D), Schedule E/F (Offi<br>Column 2. | icial Form 106E/F), or Sched                                | ule G (Official Form 10   | 6G). Use Schedule D, Schedule E/F, or Schedu  | ıle G to fill |
|               | Column 1: Your codebtor                  |   |                           | Column 2: The graditor to whom you away   | the debt      |
|               | Name, Number, Street, City, State a      | and ZIP Code  |                           | Column 2: The creditor to whom you owe to Check all schedules that apply:                       | ine debi      |
|               |  |   |                           | ,   |               |
| 3.1           |  |   |                           | Schedule D, line  |               |
|               | Name                                     |   |                           | ☐ Schedule E/F, line  |               |
|               |  |   |                           | ☐ Schedule G, line  |               |
|               | Number Street                            |   |                           | _   |               |
|               | City                                     | State   | ZIP Code                  |   |               |
|               |  |   |                           |   |               |
| 2.2           |  |   |                           | Cohadula D. lina  |               |
| 3.2           | Name                                     |   |                           | ☐ Schedule D, line  |               |
|               | •  |   |                           | ☐ Schedule E/F, line  |               |
|               |  |   |                           | ☐ Schedule G, line  |               |
|               | Number Street                            | 04-4-   | 710.0                     |   |               |
|               | City                                     | State   | ZIP Code                  |   |               |

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|               |   |   |   |           |       | i        |                           |                                 |                              |         |
|---------------|---|---|---|-----------|-------|----------|---------------------------|---------------------------------|------------------------------|---------|
|               | in this information to identify your optor 1  Jeanette E  |   |   |           |       |          |                           |                                 |                              |         |
|               | otor 2  |   |   |           | _     |          |                           |                                 |                              |         |
| ` '           | ted States Bankruptcy Court for the   | e: NORTHERN DISTRIC                                   | CT OF ILLINOIS                                      |           |       |          |                           |                                 |                              |         |
|               | se number<br>nown)  |   | -   |           | _     | □ A      |                           | ed filing<br>ent showin         | g postpetition               |         |
| 0             | fficial Form 106I   |   |   |           |       | _        | 1M / DD/ `                |                                 | 3                            |         |
| S             | chedule I: Your Inc   | ome   |   |           |       | .,       | IIVI / DD/                |                                 |                              | 12/15   |
| spo<br>atta   | plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.  T1: Describe Employment  Fill in your employment | ur spouse is not filing w<br>On the top of any additi | ith you, do not inclu<br>ional pages, write yo      | de infori | natio | on about | your sp<br>umber (if      | ouse. If me<br>known). <i>A</i> | ore space is<br>Answer every | needed, |
|               | information.  |   | Debtor 1  |           |       |          |                           |                                 | iling spouse                 |         |
|               | If you have more than one job, attach a separate page with information about additional   | Employment status                                     | <ul><li>■ Employed</li><li>□ Not employed</li></ul> | _         |       |          | ☐ Employed ☐ Not employed |                                 |                              |         |
|               | employers.  | Occupation  | Cashier   |           |       |          |                           |                                 |                              |         |
|               | Include part-time, seasonal, or self-employed work.   | Employer's name                                       | Schnuck Marke                                       | ts        |       |          |                           |                                 |                              |         |
|               | Occupation may include student or homemaker, if it applies.   | Employer's address                                    | E State St<br>Rockford, IL 61                       | 108       |       |          |                           |                                 |                              |         |
|               |   | How long employed t                                   | here? 8   |           |       |          | _                         |                                 |                              |         |
| Par           | t 2: Give Details About Mo  | onthly Income   |   |           |       |          |                           |                                 |                              |         |
| spou<br>If yo | mate monthly income as of the cuse unless you are separated.  The or your non-filing spouse have me space, attach a separate sheet to                   | date you file this form. If                           |   |           |       |          | that perso                | on on the li                    |                              |         |
|               |   |   |   |           |       |          |                           | non-fili                        | ing spouse                   |         |
| 2.            | List monthly gross wages, sala deductions). If not paid monthly,  |   |   | 2.        | \$    |          | 0.00                      | \$                              | N/A                          |         |
| 3.            | Estimate and list monthly over  | time pay.   |   | 3.        | +\$   |          | 0.00                      | +\$                             | N/A                          |         |
| 4.            | Calculate gross Income. Add I   | ine 2 + line 3.                                       |   | 4.        | \$    |          | 0.00                      | \$                              | N/A                          |         |

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| Deb | tor 1         | Jeanette E Saladino  | -         | C          | Case           | number (if known) | _   |          |                    |                     |                  |
|-----|---------------|--|-----------|------------|----------------|-------------------|-----|----------|--------------------|---------------------|------------------|
|     |               |  |           |            | For            | Debtor 1          |     |          | Debtor<br>filing s |                     |                  |
|     | Сор           | y line 4 here  | 4.        |            | \$             | 0.00              |     | \$       |                    | N/A                 | _                |
| 5.  | List          | all payroll deductions:  |           |            |                |                   |     |          |                    |                     |                  |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a        | ١.         | \$             | 0.00              |     | \$       |                    | N/A                 |                  |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b        |            | <u>*</u> —     | 0.00              | •   | \$       |                    | N/A                 | _                |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c        | <b>:</b> . | \$             | 0.00              |     | \$       |                    | N/A                 | _                |
|     | 5d.           | Required repayments of retirement fund loans   | 5d        | ۱.         | \$             | 0.00              |     | \$       | =                  | N/A                 | _                |
|     | 5e.           | Insurance  | 5e        | <b>)</b> . | \$             | 0.00              | •   | \$       |                    | N/A                 | _                |
|     | 5f.           | Domestic support obligations   | 5f.       |            | \$             | 0.00              |     | \$       |                    | N/A                 | _                |
|     | 5g.           | Union dues   | 5g        | J.         | \$             | 0.00              |     | \$       |                    | N/A                 |                  |
|     | 5h.           | Other deductions. Specify:   | _ 5h      | 1.+        | \$             | 0.00              | +   | \$       |                    | N/A                 | _                |
| 6.  | Add           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.        |            | \$             | 0.00              |     | \$       |                    | N/A                 | _                |
| 7.  | Cald          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.        |            | \$             | 0.00              |     | \$       |                    | N/A                 | _                |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  | 0-        |            | •              | 0.00              |     | r.       |                    | NI/A                |                  |
|     | 8b.           | monthly net income. Interest and dividends   | 8a<br>8b  |            | \$<br>\$       | 0.00              |     | \$       |                    | N/A<br>N/A          |                  |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |           |            | \$_<br>\$      | 0.00              | •   | \$<br>\$ |                    | N/A                 | _                |
|     | 8d.           | Unemployment compensation  | 8d        |            | <u>*</u> -     | 0.00              |     | \$       |                    | N/A                 | _                |
|     | 8e.           | Social Security  | 8e        |            | \$             | 1,562.00          | •   | \$       |                    | N/A                 | _                |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f.<br>8g |            | \$_<br>\$      | 0.00              |     | \$<br>\$ |                    | N/A<br>N/A          | _                |
|     | 8g.<br>8h.    | Other monthly income. Specify:   | oy<br>8h  |            | <sup>Ф</sup> _ | 0.00              |     | *        |                    | N/A<br>N/A          | _                |
|     | OH.           | Other monthly income. Specify.   | _ 011     | i.Ŧ<br>—   | Ψ_             | 0.00              | . " | <u>Ψ</u> |                    | IN/A                | _                |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.        | \$         | S              | 1,956.00          |     | \$       |                    | N/A                 | 4                |
| 10  | Calc          | culate monthly income. Add line 7 + line 9.  | 10.       | \$         |                | 1,956.00 + \$     |     |          | N/A                | = \$                | 1,956.00         |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.       | Ψ_         |                | 1,330.00          | _   |          | 11/7               | -  <sup>\Pi</sup> - | 1,330.00         |
| 11. | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:                              | depe      |            | -              | •                 |     |          | chedule<br>11.     |                     | 0.00             |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |           |            |                |                   |     |          | 12.                | \$                  | 1,956.00         |
| 13. | Doy           | ou expect an increase or decrease within the year after you file this form   | ?         |            |                |                   |     |          |                    | Combi<br>month      | ned<br>ly income |
|     |               | No.  |           |            |                |                   |     |          |                    |                     |                  |
|     |               | Yes Explain:   |           |            |                |                   |     |          |                    |                     |                  |

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| Filli       | in this informat            | ion to identify yo                 | our case:       |  |  |                  |                  |                               |  |
|-------------|-----------------------------|------------------------------------|-----------------|--|--|------------------|------------------|-------------------------------|--|
|             | tor 2                       | Jeanette E S                       | Saladino        |  |  |                  |                  |                               |  |
| ` '         | ouse, if filing)            | intov Court for the                | · NORTH         | IERN DISTRICT OF ILLIN   | nis.                                     |                  | MM / DD / YYYY   | the following date:           |  |
|             | e number                    | ipicy Court for the                | . NORTI         | IERN DISTRICT OF IEEIN   | <u> </u>                                 |                  | WIWI / DD / TTTT |                               |  |
| 1           | nown)                       |                                    |                 |  |  |                  |                  |                               |  |
| Of          | ficial Fo                   | rm 106J                            |                 |  |  |                  |                  |                               |  |
| Sc          | chedule                     | J: Your                            | Exper           | ises   |  |                  |                  | 12/15                         |  |
| info        | rmation. If mo              |                                    | eded, atta      | . If two married people ar<br>ch another sheet to this i<br>n.             |  |                  |                  |                               |  |
| Part        | Descri                      | be Your House                      | ehold           |  |  |                  |                  |                               |  |
| ••          | ■ No. Go to                 | line 2.                            | in a senar      | ate household?   |  |                  |                  |                               |  |
|             | □ res. <b>Does</b>          |                                    | iii a sepai     | ate nousenoid:   |  |                  |                  |                               |  |
|             | ☐ Ye                        | es. Debtor 2 mus                   | st file Offici  | al Form 106J-2, <i>Expenses</i>  | for Separate House                       | ehold of Deb     | otor 2.          |                               |  |
| 2.          | Do you have                 | dependents?                        | ■ No            |  |  |                  |                  |                               |  |
|             | Do not list De<br>Debtor 2. | ebtor 1 and                        | ☐ Yes.          | Fill out this information for each dependent                               | Dependent's relati<br>Debtor 1 or Debtor |                  | Dependent's age  | Does dependent live with you? |  |
|             | Do not state t              |                                    |                 |  |  |                  |                  | □ No<br>□ Yes                 |  |
|             | dependents                  | iumos.                             |                 |  |  |                  |                  | □ No                          |  |
|             |                             |                                    |                 |  | -  |                  |                  | ☐ Yes<br>☐ No                 |  |
|             |                             |                                    |                 |  |  |                  |                  | ☐ Yes                         |  |
|             |                             |                                    |                 |  |  |                  |                  | □ No                          |  |
| 3.          | Do your exp                 | enses include                      | _               |  |  |                  |                  | ☐ Yes                         |  |
| 0.          | expenses of                 | people other t                     | han $_{m \Box}$ | No<br>Yes  |  |                  |                  |                               |  |
|             | yourself and                | l your depende                     | nts? —          | 100  |  |                  |                  |                               |  |
| Esti<br>exp | imate your ex               |                                    | our bankr       | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |                  |                  |                               |  |
| the         |                             | assistance an                      |                 | government assistance it<br>luded it on <i>Schedule I: Y</i>               |  |                  | Your exp         | enses                         |  |
| 4.          |                             | r home owners<br>d any rent for th |                 | ses for your residence. In   | nclude first mortgage                    | e<br>4. S        | \$               | 693.00                        |  |
|             | If not include              | ed in line 4:                      |                 |  |  |                  |                  |                               |  |
|             | 4a. Real es                 | state taxes                        |                 |  |  | 4a. \$           | \$               | 250.00                        |  |
|             | •                           | ty, homeowner's                    |                 |  |  | 4b. \$           |                  | 63.00                         |  |
|             |                             | maintenance, re<br>owner's associa |                 | upkeep expenses<br>dominium dues   |  | 4c. \$<br>4d. \$ | ·                | 0.00                          |  |
| 5           |                             |                                    |                 | our residence, such as ho  | me equity loans                          | 5. S             | ·                | 144 00                        |  |

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| Debtor 1        | Jeanette        | E Saladino   | Case nur                          | nbe   | r (if known) |                          |
|-----------------|-----------------|--|-----------------------------------|-------|--------------|--------------------------|
| 6. <b>Utili</b> | ties:           |  |                                   |       |              |                          |
| 6a.             |                 | neat, natural gas  | 6a                                | . \$  | ;            | 200.00                   |
| 6b.             | -               | er, garbage collection   | 6b                                |       |              | 58.00                    |
| 6c.             | •               | cell phone, Internet, satellite, and cable service   | ces 6c                            |       |              | 140.00                   |
| 6d.             | Other. Spe      | •  | 6d                                |       |              | 0.00                     |
| . Foo           |                 | keeping supplies   | 7                                 |       |              | 300.00                   |
|                 |                 | ildren's education costs   | 8                                 | ,     |              | 0.00                     |
| -               |                 | /, and dry cleaning  | 9                                 |       |              | 0.00                     |
|                 | •               | oducts and services  | 10                                |       |              | 0.00                     |
|                 | •               | tal expenses   | 11                                | - :   |              | 0.00                     |
|                 |                 | nclude gas, maintenance, bus or train fare.  |                                   | . ψ   | · -          | 0.00                     |
|                 | not include ca  |  | 12                                | . \$  | ;            | 50.00                    |
|                 |                 | lubs, recreation, newspapers, magazines,   | and books 13                      | . \$  |              | 0.00                     |
|                 |                 | butions and religious donations  | 14                                | . \$  |              | 0.00                     |
| 5. <b>Ins</b> u |                 |  |                                   | . •   | -            | <u> </u>                 |
|                 |                 | urance deducted from your pay or included in   | lines 4 or 20.                    |       |              |                          |
|                 | Life insurar    | , , ,  | 15a                               | . \$  | ;            | 0.00                     |
| 15b.            | . Health insu   | rance  | 15b                               | . \$  |              | 0.00                     |
| 15c.            | Vehicle ins     | ırance   | 15c                               | . \$  | -            | 0.00                     |
| 15d.            | . Other insur   | ance. Specify:   | 15d                               | . \$  |              | 0.00                     |
|                 |                 | lude taxes deducted from your pay or include   |                                   | •     |              | <u> </u>                 |
| Spe             |                 | The second secon | 16                                | . \$  | ;            | 0.00                     |
|                 | ·               | ase payments:  |                                   | •     |              |                          |
|                 |                 | nts for Vehicle 1  | 17a                               | . \$  | ;            | 0.00                     |
|                 |                 | nts for Vehicle 2  | 17b                               | . \$  |              | 0.00                     |
| 17c.            | Other. Spe      | cify: IRS  | 17c                               | . \$  | ;            | 50.00                    |
|                 | Other. Spe      | ·  | 17d                               | . \$  |              | 0.00                     |
|                 |                 | of alimony, maintenance, and support that  |                                   | •     |              |                          |
|                 |                 | our pay on line 5, Schedule I, Your Income   |                                   | . \$  | ;            | 0.00                     |
|                 |                 | you make to support others who do not liv  |                                   | \$    |              | 0.00                     |
| Spe             | cify:           |  | 19                                |       |              |                          |
|                 |                 | rty expenses not included in lines 4 or 5 of   | this form or on Schedule I: Y     | ou!   | r Income.    |                          |
| 20a.            | . Mortgages     | on other property  | 20a                               |       |              | 0.00                     |
| 20b.            | . Real estate   | taxes  | 20b                               | . \$  |              | 0.00                     |
| 20c.            | Property, h     | omeowner's, or renter's insurance  | 20c                               | . \$  | ;            | 0.00                     |
| 20d.            | Maintenand      | e, repair, and upkeep expenses   | 20d                               | . \$  |              | 0.00                     |
| 20e.            | . Homeowne      | r's association or condominium dues  | 20e                               | . \$  |              | 0.00                     |
| 1. <b>Oth</b>   | er: Specify:    |  | 21                                | . +   | \$           | 0.00                     |
|                 |                 |  |                                   |       |              |                          |
|                 | -               | onthly expenses  |                                   |       | •            | 4 6 4 5 5 5              |
|                 | Add lines 4 t   | •  | 0/// 1.5                          |       | \$           | 1,948.00                 |
| 22b.            | . Copy line 22  | (monthly expenses for Debtor 2), if any, from  | Official Form 106J-2              |       | \$           |                          |
| 22c.            | Add line 22a    | and 22b. The result is your monthly expense  | S.                                |       | \$           | 1,948.00                 |
| a Cale          | culate vour s   | onthly net income.   |                                   |       | ·            |                          |
|                 | -               | 2 <i>(your combined monthly income)</i> from Sche  | dule I. 23a                       | ¢     | 1            | 1,956.00                 |
|                 |                 | monthly expenses from line 22c above.  | 23b                               |       |              | 1,948.00                 |
| 230.            | . Сору убиг     | noming expenses nom line 220 above.  | 230                               | `     | Ψ            | 1,340.00                 |
| 23c             | Subtract vo     | ur monthly expenses from your monthly incon  | ne.                               |       |              |                          |
| 200.            |                 | s your <i>monthly net income</i> .   | 23c                               | . \$  | ;            | 8.00                     |
|                 | THE TOOUR       | 5 year monany not moonto.  |                                   | _     |              |                          |
| 24. <b>Do</b> y | you expect a    | n increase or decrease in your expenses w  | ithin the year after you file thi | is fo | orm?         |                          |
| For e           | example, do you | expect to finish paying for your car loan within the y   |                                   |       |              | or decrease because of a |
| _               |                 | erms of your mortgage?   |                                   |       |              |                          |
|                 | ۱o.             |  |                                   |       |              |                          |
| □ Y             | 'es.            | Explain here:  |                                   |       |              |                          |

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| Fill in th    | is information to identify your  | case:                     |                           |                          |                                      |
|---------------|----------------------------------|---------------------------|---------------------------|--------------------------|--------------------------------------|
| Debtor 1      | Jeanette E Saladi                | ino                       |                           |                          |                                      |
|               | First Name                       | Middle Name               | Last Name                 |                          |                                      |
| Debtor 2      |                                  | MCLIII N                  |                           |                          |                                      |
| (Spouse if, t | filing) First Name               | Middle Name               | Last Name                 |                          |                                      |
| United S      | tates Bankruptcy Court for the:  | NORTHERN DISTRICT         | T OF ILLINOIS             |                          |                                      |
| Case nui      | mhor                             |                           |                           |                          |                                      |
| (if known)    |                                  |                           |                           |                          | ☐ Check if this is an                |
|               |                                  |                           |                           |                          | amended filing                       |
|               |                                  |                           |                           |                          |                                      |
|               |                                  |                           |                           |                          |                                      |
|               | l Form 106Dec                    |                           |                           |                          |                                      |
| Decl          | aration About a                  | ın Individual             | l Debtor's So             | chedules                 | 12/15                                |
|               |                                  |                           |                           |                          |                                      |
| f two ma      | rried people are filing togethe  | r, both are equally respo | onsible for supplying co  | rrect information.       |                                      |
| You must      | t file this form whenever you fi | le bankruptcy schedule    | s or amended schedules    | s. Making a false state  | ement, concealing property, or       |
| obtaining     | money or property by fraud in    | n connection with a ban   |                           |                          | 00, or imprisonment for up to 20     |
| years, or     | both. 18 U.S.C. §§ 152, 1341, 1  | 519, and 3571.            |                           |                          |                                      |
|               |                                  |                           |                           |                          |                                      |
|               | Sign Below                       |                           |                           |                          |                                      |
|               |                                  |                           |                           |                          |                                      |
| Did           | you pay or agree to pay some     | one who is NOT an atto    | rney to help you fill out | bankruptcy forms?        |                                      |
|               |                                  |                           |                           |                          |                                      |
|               | No                               |                           |                           |                          |                                      |
|               | Yes. Name of person              |                           |                           | Attach Ban               | kruptcy Petition Preparer's Notice,  |
| _             | ·                                |                           |                           | Declaration              | n, and Signature (Official Form 119) |
|               |                                  |                           |                           |                          |                                      |
| Und           | er penalty of perjury, I declare | that I have read the sun  | nmary and schedules file  | ed with this declaration | on and                               |
|               | they are true and correct.       |                           | •                         |                          |                                      |
| X             | /s/ Jeanette E Saladino          |                           | Х                         |                          |                                      |
| _             | Jeanette E Saladino              |                           | Signature o               | f Debtor 2               |                                      |
|               | Signature of Debtor 1            |                           | <b>3</b>                  |                          |                                      |
|               | Date: March 2 224                |                           | <b>5</b> .                |                          |                                      |
|               | Date <u>March 8, 2017</u>        |                           | Date                      |                          |                                      |

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| Filli     | n this inform                | nation to identify you       | r case:  |                                    |  |                                    |
|-----------|------------------------------|------------------------------|--|------------------------------------|--|------------------------------------|
| Debt      | tor 1                        | Jeanette E Salad             | lino   |                                    |  |                                    |
|           |                              | First Name                   | Middle Name  | Last Name                          |  |                                    |
|           | tor 2<br>se if, filing)      | First Name                   | Middle Name  | Last Name                          |  |                                    |
| Unite     | ed States Bar                | nkruptcy Court for the:      | NORTHERN DISTRICT O  | OF ILLINOIS                        |  |                                    |
| Case      | e number                     |                              |  |                                    |  |                                    |
| (if kno   | own)                         |                              |  |                                    | _  | Check if this is an mended filing  |
|           |                              |                              |  |                                    |  |                                    |
|           | icial Fo                     |                              |  |                                    |  |                                    |
| Sta       | tement                       | of Financial                 | Affairs for Individ  | duals Filing for B                 | ankruptcy  | 4/10                               |
|           |                              |                              |  |                                    | equally responsible for sup<br>additional pages, write you     |                                    |
|           |                              | n). Answer every ques        |  |                                    | , , , , , , , , , , , , , ,                                    |                                    |
| Part      | 1: Give D                    | etails About Your Ma         | rital Status and Where You   | Lived Before                       |  |                                    |
| 1. '      | What is your                 | current marital statu        | ıs?  |                                    |  |                                    |
|           | ☐ Married                    |                              |  |                                    |  |                                    |
|           | ■ Not mar                    | ried                         |  |                                    |  |                                    |
| <b>2.</b> | During the la                | ast 3 years, have you        | lived anywhere other than  | where you live now?                |  |                                    |
|           | ■ No                         |                              |  |                                    |  |                                    |
|           | _                            | t all of the places you li   | ived in the last 3 years. Do no  | ot include where you live now      | '.   |                                    |
|           | Debtor 1 Pri                 | ior Address:                 | Dates Debtor 1   | Debtor 2 Prior Ad                  | dress:   | Dates Debtor 2                     |
|           |                              |                              | lived there  |                                    |  | lived there                        |
|           |                              |                              |  |                                    | ity property state or territory<br>co, Texas, Washington and V |                                    |
|           | No                           |                              |  |                                    |  |                                    |
|           | ☐ Yes. Ma                    | ke sure you fill out Sch     | nedule H: Your Codebtors (Of   | ficial Form 106H).                 |  |                                    |
| Part      | 2 Explai                     | n the Sources of You         | r Income   |                                    |  |                                    |
|           | Fill in the tota             | I amount of income yo        | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-    |  | ndar years?                        |
|           | □ No                         |                              |  |                                    |  |                                    |
|           | <br>_                        | in the details.              |  |                                    |  |                                    |
|           |                              |                              | Debtor 1   |                                    | Debtor 2   |                                    |
|           |                              |                              | Sources of income  | Gross income                       | Sources of income  | Gross income                       |
|           |                              |                              | Check all that apply.  | (before deductions and exclusions) | Check all that apply.  | (before deductions and exclusions) |
|           | last calenda<br>uary 1 to De | r year:<br>cember 31, 2016 ) | ■ Wages, commissions, bonuses, tips  | \$10,950.00                        | ☐ Wages, commissions, bonuses, tips                            |                                    |
|           |                              |                              | ☐ Operating a business   |                                    | ☐ Operating a business   |                                    |

Official Form 107

Debtor 1 **Jeanette E Saladino**Document Page 35 of 49

Case number (if known)

|  | Debtor 1  |   | Debtor 2                                   |   |  |
|--|---|---|--|---|--|
|  | Sources of income<br>Check all that apply.      | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |
| For the calendar year before that: (January 1 to December 31, 2015 ) | ■ Wages, commissions, bonuses, tips \$11,325.00 |   | ☐ Wages, commissions, bonuses, tips        |   |  |
|  | ☐ Operating a business                          |   | ☐ Operating a business                     |   |  |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

□ No

Yes. Fill in the details.

|   | Debtor 1                          |  | Debtor 2                             |   |
|---|-----------------------------------|--|--------------------------------------|---|
|   | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | private disability                | \$657.00   |                                      |   |
|   | social security                   | \$4,686.00   |                                      |   |
|   | pension                           | \$1,182.00   |                                      |   |
| For last calendar year:<br>(January 1 to December 31, 2016)             | Social Security                   | \$19,234.00  |                                      |   |
|   | Pension                           | \$4,728.00   |                                      |   |
| For the calendar year before that: (January 1 to December 31, 2015)     | Social Security                   | \$19,235.00  |                                      |   |
|   | Pension                           | \$4,734.00   |                                      |   |

#### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

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Case number (if known) Document Debtor 1 Jeanette E Saladino

|     | Creditor's Name and Address   | Dates of payment  | Total amount paid                   | Amount you still owe                                       | Was this pa  | yment for                                |  |  |  |
|-----|---|---|-------------------------------------|--|--|--|--|--|--|
| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |   |                                     |  |  |  |  |  |  |
|     | <ul><li>No</li><li>Yes. List all payments to an insider.</li></ul>  |   |                                     |  |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                   | Amount you still owe                                       | Reason for   | this payment                             |  |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |   |                                     |  |  |  |  |  |  |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>   |   |                                     |  |  |  |  |  |  |
|     | Insider's Name and Address  | Dates of payment  | Total amount paid                   | Amount you still owe                                       | Reason for   | this payment<br>itor's name              |  |  |  |
| Por | t de Identify Logal Actions Panagaggio  | no and Faranlasuras   | •                                   |  |  |  |  |  |  |
| rai | t 4: Identify Legal Actions, Repossession   | ns, and Foreciosures  |                                     |  |  |  |  |  |  |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |   |                                     |  |  |  |  |  |  |
|     | □ No  |   |                                     |  |  |  |  |  |  |
|     | Yes. Fill in the details.   |   |                                     |  |  |  |  |  |  |
|     | Case title Nature of the case Court   |   | Court or agency                     | Court or agency  |  | Status of the case                       |  |  |  |
|     | Case title  | Nature of the case  |                                     |  |  |  |  |  |  |
|     | Case title Case number  | Nature of the case  | Court or agency                     |  |  |  |  |  |  |
|     | Case number JanetteSaladino v Schnucks  | Personal Injury   | winnebago Co                        |  | Pending  |  |  |  |  |
|     | Case number   |   |                                     |  | ☐ On appe  | al                                       |  |  |  |
|     | Case number JanetteSaladino v Schnucks  |   |                                     |  | _  | al                                       |  |  |  |
| 10. | Case number JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below   | Personal Injury   | winnebago Co                        | unty   | ☐ On appe ☐ Conclud  | ed                                       |  |  |  |
| 10. | Case number JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt  | Personal Injury   | winnebago Co                        | unty   | ☐ On appe ☐ Conclud  | ed                                       |  |  |  |
| 10. | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  | Personal Injury   | winnebago Co                        | unty   | ☐ On appe ☐ Conclud  | ed                                       |  |  |  |
| 10. | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.   | Personal Injury  cy, was any of your prope w.   | winnebago Co                        | ounty<br>foreclosed, garnis                                | ☐ On appe ☐ Conclud  | ed d, seized, or levied?                 |  |  |  |
|     | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed No  | Personal Injury  cy, was any of your prope w.  Describe the Property Explain what happened  | winnebago Co                        | foreclosed, garnis   | ☐ On appe<br>☐ Conclud   | value of the property                    |  |  |  |
|     | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed  No  Yes. Fill in the details.  | Personal Injury  cy, was any of your prope w.  Describe the Property Explain what happened ptcy, did any creditor, included   | winnebago Co<br>erty repossessed, f | foreclosed, garnis  Date  nancial institution              | On appe  | Value of the property                    |  |  |  |
|     | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed No  | Personal Injury  cy, was any of your prope w.  Describe the Property Explain what happened  | winnebago Co<br>erty repossessed, f | foreclosed, garnis  Date  nancial institution              | On appe  | value of the property                    |  |  |  |
| 11. | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed  No  Yes. Fill in the details.  Creditor Name and Address  Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a   | Personal Injury  cy, was any of your property  Explain what happened ptcy, did any creditor, included a debt?  Describe the action the cy, was any of your property | winnebago Co<br>erty repossessed, f | ounty  foreclosed, garnis  Date  nancial institution  Date | On apper Concludes Conclud | Value of the property  amounts from your |  |  |  |
| 11. | Case number  JanetteSaladino v Schnucks 2016 L 151  Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  Within 90 days before you filed for bankrupt accounts or refuse to make a payment bed No Yes. Fill in the details.  Creditor Name and Address  Within 1 year before you filed for bankrupt  | Personal Injury  cy, was any of your property  Explain what happened ptcy, did any creditor, included a debt?  Describe the action the cy, was any of your property | winnebago Co<br>erty repossessed, f | ounty  foreclosed, garnis  Date  nancial institution  Date | On apper Concludes Conclud | Value of the property  amounts from your |  |  |  |

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|----------|---------------------|----------|------------------------|--|
| Debtor 1 | Jeanette E Saladino |          | Case number (if known) |  |

| Pai | rt 5: List Certain Gifts and Contribution  | ns      |  |                                   |                           |
|-----|--|---------|--|-----------------------------------|---------------------------|
| 3.  | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.                                       | ruptcy  | , did you give any gifts with a total value of more t  | han \$600 per person'             | ?                         |
|     | Gifts with a total value of more than \$60 per person  |         | Describe the gifts   | Dates you gave the gifts          | Value                     |
|     | Person to Whom You Gave the Gift and Address:  | d       |  |                                   |                           |
| 4.  | Within 2 years before you filed for banks  No  | ruptcy  | , did you give any gifts or contributions with a tot   | al value of more than             | \$600 to any charity?     |
|     | ☐ Yes. Fill in the details for each gift or o  | contrib | ution.   |                                   |                           |
|     | Gifts or contributions to charities that more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Cod |         | Describe what you contributed  | Dates you contributed             | Value                     |
| Pai | rt 6: List Certain Losses  |         |  |                                   |                           |
| 5.  | Within 1 year before you filed for bankru or gambling?   | uptcy ( | or since you filed for bankruptcy, did you lose any  | thing because of thef             | t, fire, other disaster   |
|     | ☐ Yes. Fill in the details.  |         |  |                                   |                           |
|     | Describe the property you lost and how the loss occurred   | Inclu   | cribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of <i>Schedule A/B: Property.</i> | Date of your loss                 | Value of property<br>lost |
| Par | rt 7: List Certain Payments or Transfer  | re      |  |                                   |                           |
| 6.  | consulted about seeking bankruptcy or  | prepa   | did you or anyone else acting on your behalf pay<br>ring a bankruptcy petition?<br>ers, or credit counseling agencies for services require             |                                   | rty to anyone you         |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not \                            | You     | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |
|     | Loves Park Legal Clinic<br>535 Loves Park Drive<br>Loves Park, IL 61111  |         | Attorney Fees  | 2/15/17                           | \$830.00                  |
| 7.  | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha   | editors |  | or transfer any prope             | rty to anyone who         |
|     | Yes. Fill in the details.  |         |  |                                   |                           |
|     | Person Who Was Paid<br>Address   |         | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment         |
|     | Credit Counseling  |         | fees   | 12/14/17                          | \$50.00                   |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

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Debtor 1 Jeanette E Saladino

|  | include gifts and transfers that you have alrea  ■ No □ Yes. Fill in the details.                                       | ady listed on this statemen                                       | ıt.                           |  |   |
|--|---|---|-------------------------------|--|---|
|  | Person Who Received Transfer<br>Address   | Description and property transfer                                 |                               | Describe any property or payments received or debts paid in exchange | Date transfer was made                        |
|  | Person's relationship to you  |   |                               |  |   |
| <ul> <li>19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of w beneficiary? (These are often called asset-protection devices.)</li> <li>■ No</li> <li>□ Yes. Fill in the details.</li> </ul> |   |   |                               | of which you are a   |   |
|  | Name of trust   | Description and   | value of the propert          | y transferred  | Date Transfer was                             |
|  |   |   |                               |  | made  |
| Par  | t 8: List of Certain Financial Accounts, I  | nstruments, Safe Deposi   | it Boxes, and Stora           | ge Units   |   |
| 20.  | Within 1 year before you filed for bankrupt<br>sold, moved, or transferred?<br>Include checking, savings, money market, | •   |                               |  |   |
|  | houses, pension funds, cooperatives, asso  No  Yes. Fill in the details.  |   |                               |  | . umono, pronorago                            |
|  | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)                              | Last 4 digits of account number                                   | Type of account of instrument | Date account was closed, sold, moved, or transferred                 | Last balance<br>before closing or<br>transfer |
| 21.  | Do you now have, or did you have within 1 cash, or other valuables?   | I year before you filed fo  | r bankruptcy, any s           | afe deposit box or other deposi                                      | itory for securities,                         |
|  | ■ No  |   |                               |  |   |
|  | Yes. Fill in the details.   |   |                               |  |   |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                     | Who else had acc<br>Address (Number, 3<br>State and ZIP Code)     |                               | scribe the contents  | Do you still have it?                         |
| 22.  | Have you stored property in a storage unit  | t or place other than you   | r home within 1 yea           | r before you filed for bankrupto                                     | cy?   |
|  | ■ No □ Yes. Fill in the details.  |   |                               |  |   |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number, State and ZIP Code) |                               | scribe the contents  | Do you still have it?                         |
| Par  | 19: Identify Property You Hold or Control   | ol for Someone Else   |                               |  |   |
| 23.  | Do you hold or control any property that s for someone.   | omeone else owns? Incl  | lude any property ye          | ou borrowed from, are storing f                                      | or, or hold in trust                          |
|  | ■ No □ Yes. Fill in the details.  |   |                               |  |   |
|  | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)               |                               | scribe the property  | Value   |
|  |   |   |                               |  |   |

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Debtor 1 Jeanette E Saladino

Part 10: Give Details About Environmental Information

| For | the purpose of Part 10, the following definitions  | apply:   |                                       |                    |  |  |
|-----|--|--|---------------------------------------|--------------------|--|--|
|     | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous o toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                       |                    |  |  |
|     | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.  |  |                                       |                    |  |  |
|     |  |  |                                       |                    |  |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of wher  | n they occurred.                      |                    |  |  |
| 24. | Has any governmental unit notified you that you  | ı may be liable or potentially liable                                      | under or in violation of an environme | ental law?         |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                       |                    |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice     |  |  |
| 25. | Have you notified any governmental unit of any  ■ No □ Yes. Fill in the details.   | release of hazardous material?   |                                       |                    |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it     | Date of notice     |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any envi   | ironmental law? Include settlements a | and orders.        |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |                                       |                    |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                    | Status of the case |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business   |                                       |                    |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  ☐ A sole proprietor or self-employed in a t   |  |                                       | business?          |  |  |
|     | <ul><li>☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)</li><li>☐ A partner in a partnership</li></ul>  |  |                                       |                    |  |  |
|     | ☐ An officer, director, or managing execut   | ive of a corporation   |                                       |                    |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |                                       |                    |  |  |

**Business Name Address** 

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

**Employer Identification number** 

Dates business existed

Do not include Social Security number or ITIN.

Entered 03/08/17 13:58:21 Page 40 of 49 Document Case number (if known) Debtor 1 Jeanette E Saladino 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jeanette E Saladino Signature of Debtor 2 Jeanette E Saladino Signature of Debtor 1 Date Date March 8, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Case 17-80512

Doc 1

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Filed 03/08/17

Desc Main

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| Fill in this inform                    | nation to identify your   | case:                  |  |   |
|--|---|------------------------|--|---|
| Debtor 1                               | Jeanette E Saladi   | no                     |  |   |
| Debtor 2                               | First Name  | Middle Name            | Last Name  |   |
| (Spouse if, filing)                    | First Name  | Middle Name            | Last Name  |   |
| United States Bar                      | kruptcy Court for the:  | NORTHERN DIST          | TRICT OF ILLINOIS  |   |
| Case number                            |   |                        |  | ☐ Check if this is an amended filing  |
| Official For                           |   | n for Indiv            | riduals Filing Under C   | hapter 7 12/15  |
|  | ridual filing under cha<br>claims secured by yo                         | -                      | out this form if:  | •   |
| You must file this                     | er is earlier, unless th  | ithin 30 days after    | you file your bankruptcy petition or by tl   | he date set for the meeting of creditors, pies to the creditors and lessors you list          |
| •                                      | ople are filing together<br>d date the form.                            | in a joint case, bo    | th are equally responsible for supplying   | correct information. Both debtors must  |
| write yo                               | nd accurate as possib<br>our name and case num<br>ur Creditors Who Have | nber (if known).       | needed, attach a separate sheet to this  | form. On the top of any additional pages,   |
|  | ors that you listed in Pa   |                        | : Creditors Who Have Claims Secured by   | y Property (Official Form 106D), fill in the  |
|  | ditor and the property the  | nat is collateral      | What do you intend to do with the pro secures a debt?  | pperty that Did you claim the property as exempt on Schedule C                                |
| Creditor's Ru                          | ushmore Loan Mgm  | t Ser                  | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>   | □ No  |
| Description of property securing debt: | 2435 Devonshire D<br>IL 61107 Winneba<br>Owned by Saladin               | go County <sup>′</sup> | <ul><li>☐ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>☐ Retain the property and [explain]:</li></ul> | ■ Yes   |
| securing dept.                         | 1988  |                        |  |   |
| Creditor's <b>W</b> name:              | fhm   |                        | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No  |
| Description of property                | 2435 Devonshire DIL 61107 Winneba                                       | go County              | ■ Retain the property and enter into a Reaffirmation Agreement.  □ Retain the property and [explain]:                              | ■ Yes   |
| securing debt:                         | Owned by Saladine<br>1988   | O I rust No            |  |   |
|  | ur Unexpired Persona  |                        |  |   |
| in the information                     | below. Do not list rea  | l estate leases. Un    |  | d Unexpired Leases (Official Form 106G), for the lease period has not yet ended as 365(p)(2). |

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Jeanette E Saladino  | Case number (if known)   |
|---|--|
|   |  |
| Lessor's name: Description of leased  | □ No   |
| Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Lessor's name:  | □ No   |
| Description of leased Property:   | ☐ Yes  |
| Part 3: Sign Below  |  |
| Under penalty of perjury, I declare that I have indicated my intention ab property that is subject to an unexpired lease. | out any property of my estate that secures a debt and any personal |
|   | x  |
| Jeanette E Saladino Signature of Debtor 1   | Signature of Debtor 2  |
| Date March 8, 2017  | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | ¢310  | total foo          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80512 Doc 1 Filed 03/08/17 Entered 03/08/17 13:58:21 Desc Main Document Page 47 of 49

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

| In re  | Jeanette E Saladino  |  | Case No.  |                                     |
|--------|--|--|---|-------------------------------------|
|        |  | Debtor(s)  | Chapter   | 7                                   |
|        | DISCLOSURE OF COMPE  | NSATION OF ATTOR   | RNEY FOR DE   | BTOR(S)                             |
| c      | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation  | ng of the petition in bankruptcy,  | or agreed to be paid  | to me, for services rendered or to  |
|        | For legal services, I have agreed to accept  |  | \$  | 0.00                                |
|        | Prior to the filing of this statement I have received  |  | \$  | 0.00                                |
|        | Balance Due  |  | \$  | 0.00                                |
| 2. \$  | <b>335.00</b> of the filing fee has been paid.   |  |   |                                     |
| 3. T   | The source of the compensation paid to me was:   |  |   |                                     |
|        | ■ Debtor □ Other (specify):  |  |   |                                     |
| 4. Т   | The source of compensation to be paid to me is:  |  |   |                                     |
|        | ■ Debtor □ Other (specify):  |  |   |                                     |
| 5. I   | ■ I have not agreed to share the above-disclosed comp  | pensation with any other person to   | unless they are memb  | pers and associates of my law firm. |
| I      | ☐ I have agreed to share the above-disclosed compens<br>copy of the agreement, together with a list of the na  |  |   |                                     |
| 5. I   | In return for the above-disclosed fee, I have agreed to re   | ender legal service for all aspects  | s of the bankruptcy ca  | ase, including:                     |
| b<br>c | <ul> <li>Analysis of the debtor's financial situation, and render.</li> <li>Preparation and filing of any petition, schedules, start.</li> <li>Representation of the debtor at the meeting of credit of the provisions as needed.</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the provision of the provisions of the provisions of the provisions as needed.</li> </ul> | tement of affairs and plan which<br>fors and confirmation hearing, an<br>reduce to market value; exe<br>ons as needed; preparation | may be required;<br>d any adjourned hear<br>emption planning; | rings thereof;                      |
| 7. E   | By agreement with the debtor(s), the above-disclosed fe<br>Representation of the debtors in any dis<br>any other adversary proceeding.   |  |   | es, relief from stay actions or     |
|        |  | CERTIFICATION  |   |                                     |
|        | certify that the foregoing is a complete statement of an ankruptcy proceeding.   | ny agreement or arrangement for  | payment to me for re  | epresentation of the debtor(s) in   |
| М      | arch 8, 2017   | /s/ Karl C. Koonm  | en  |                                     |
|        | ate  | Karl C. Koonmen  |   |                                     |
|        |  | Signature of Attorne Loves Park Legal  |   |                                     |
|        |  | The Professional   |   |                                     |
|        |  | 535 Loves Park D   |   |                                     |
|        |  | Loves Park, IL 61 <sup>o</sup><br>815-654-3060 Fax   |   |                                     |
|        |  | Name of law firm   | A. 010-004-3033   |                                     |

### United States Bankruptcy Court Northern District of Illinois

|       |  | 1 (of their District of Innions                                   |                              |               |
|-------|--|---|------------------------------|---------------|
| In re | Jeanette E Saladino                        |   | Case No.                     |               |
|       |  | Debtor(s)   | Chapter <b>7</b>             |               |
|       |  |   |                              |               |
|       | VE   | RIFICATION OF CREDITOR MA   | ATRIX                        |               |
|       |  | Number of C   | Creditors:                   | 9             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor                         | ors is true and correct to t | he best of my |
| Date: | March 8, 2017                              | /s/ Jeanette E Saladino  Jeanette E Saladino  Signature of Debtor |                              |               |

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

IRS
Department of the Treasury
Kansas City, MO 64999-0030

Rushmore Loan Mgmt Ser 15480 Laguna Canyon Rd S Irvine, CA 92618

Wells Fargo Auto Finan Po Box 29704 Phoenix, AZ 85038

Wellsfargo 800 Walnut St Des Moines, IA 50309

Wf Crd Svc Cscl Dispute Team N8235-04m Des Moines, IA 50306

Wfhm 3201 N 4th Ave Sioux Falls, SD 57104